



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

**Local Government Investment Pool
P.O. Box 7871
Madison, WI 53707-7871
Phone: 608-266-3711**

DESIGNATION ACCOUNT AND WITHDRAWAL INSTRUCTIONS

LOCAL GOVERNMENT

Name		County	
Address		Phone	
Person authorized to withdraw		Title	
Treasurer		Clerk	

DEPOSITS/WITHDRAWALS (Choose one)

Check In/Check Out		Wire In/Wire Out	
Mail withdrawal checks to:		Bank Name	
		Bank Address	
		ABA Routing #	
		Acct Name & No.	
		Bank Contact (Name and Phone No. for account verification)	

I, the undersigned officer, duly appointed by the governing body to make deposits and withdrawals to and from the account on this Designation Form, select the option marked above and agree that it shall remain in effect until rescinded in writing.

Signature and Date